

~Roster Instructions for Health Care Authority (HCA) Providers only~

The purpose of this Roster is to allow HCA only Groups and FAOI providers to upload bulk applications and bulk modifications for HCA Servicing Only providers that will be working for your business.

If you are providing services for any Agency other than HCA,
Please follow that Agencies instructions and guidelines.

Do not alter the Roster spreadsheet, as this may result in your spreadsheet not loading.

Important before getting started:

- This instructional document is for HCA Providers only
- Do Not Add or Delete Columns in this spreadsheet
- Do Not change formatting of document
- Do Not add comments to the document
- This Roster cannot be used to create applications for Billing Providers.
- The Billing Provider must already be enrolled in order to use this Roster
- If the Billing Provider has been closed due to Revalidation, the Billing Provider Revalidation must be completed before this Roster can be used for the servicing only providers
- All dates entered on the spreadsheet must be formatted as: mm/dd/yyyy
Important example of how to enter dates: If a day is the 3rd of the month, make sure to place the 0 in front of the 3, so that it is 03. If a month is January, make sure to place the 0 in front of the 1, so that it is 01.
- Before uploading the Roster, review the data entered in the spreadsheet for accuracy.

Color guide for HCA Providers:

Yellow Columns are <u>Required</u>	Blue Columns are <u>Optional</u>	Grey Columns – <u>DO NOT complete</u> if you are an HCA providers
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How to complete the Roster:

- National Provider Identifier (required) – Enter the Servicing Provider’s NPI. The NPI number is required for all providers requesting enrollment. <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
- First Name (required) – Enter the Servicing Provider’s Legal First Name
- Middle Name or Middle Initial (optional) – Enter the Servicing Provider’s Middle Name or Initial
- Last Name (required) – Enter the Servicing Provider’s Legal Last Name

- E. Agency (Basic Info screen) (required)** – Enter **HCA**
*Do Not enter spaces or periods when entering HCA
- F. Administration (to be used with Taxonomy) (required)** – Enter **HRSA**
*Do Not enter spaces or periods when entering HRSA
- G. Taxonomy code 1 (required)** – Add the taxonomy code for the provider type and specialty of each Servicing Provider *Do Not enter spaces or periods when entering a taxonomy. Ensure the taxonomy is not missing a digit or a letter.
- H. Taxonomy 1 Start-Date (required)** – Enter the Start-Date that the Servicing Provider will begin working for your Organization. Format must be: mm/dd/yyyy
- I. Taxonomy 1 End-Date (required)** – Enter the End-date that the Servicing Provider will stop working for your Organization. If you are unsure when they will stop providing services, you may enter 12/31/2999 as the End-Date.
- J. Taxonomy code 2 (optional)** – Add any additional taxonomy code that will be used to bill on a claim
*Do Not enter spaces or periods when entering a taxonomy.
- K. Taxonomy 2 Start-Date (optional)** – Enter the Start-Date that the Servicing Provider will begin providing these services. Format must be: mm/dd/yyyy
- L. Taxonomy 2 End-Date (optional)** – Enter the End-Date that the Servicing Provider will stop working for your Organization. If you are unsure when they will stop providing services, you may enter 12/31/2999 as the End-Date.
- M. Taxonomy code 3 (optional)** – Add any additional taxonomy code that will be used to bill on a claim
*Do Not enter spaces or periods when entering a taxonomy.
- N. Taxonomy 3 Start-Date (optional)** – Enter the Start-Date that the Servicing Provider will begin providing these services. Format must be: mm/dd/yyyy
- O. Taxonomy 3 End-Date (optional)** – Enter the End-Date that the Servicing Provider will stop working for your Organization. If you are unsure when they will stop providing services, you may enter 12/31/2999 as the End-Date.
- P. Social Security Number (required)** – Enter the Servicing Provider’s Social Security Number
*Enter without dashes, spaces, or periods.
- Q. Date of Birth (required)** – Enter the Servicing Provider’s Date of Birth
*Format must be: mm/dd/yyyy
- R. NPI of associated Group / Facility (required)** – Enter the Organizational NPI of the Organization that the Servicing Provider will be working for.
*[The Group/Facility must be enrolled before this Roster can be used]

- S. NPI/P1 ID of Social Service Provider (**DO NOT ENTER INFORMATION IN THIS COLUMN**)
*HCA **only** providers should leave this column blank
- T. Start-date of association with Group / Facility or Social Service Servicing Only Provider
(**DO NOT ENTER INFORMATION IN THIS COLUMN**)
*HCA **only** providers should leave this column blank
- U. End-date of association with Group / Facility or Social Service Servicing Only Provider
(**DO NOT ENTER INFORMATION IN THIS COLUMN**)
*HCA **only** providers should leave this column blank
- V. Yes to any question on the Enrollment Checklist? (**required**) –
~The list of Enrollment Checklist Questions can be found at the bottom of this document.
~A “no” is required under the enrollment checklist column. If a response to any of the checklist questions would be a “yes” for the Servicing Provider, then this template cannot be used to enroll that Servicing Provider. This Servicing Provider would need to be enrolled using the normal online enrollment process.
- W. Gender (**required**) – Enter M for Male, Enter F for Female
- X. License # if applicable (**required if provider has a DOH license**) – Enter the Servicing Provider’s DOH Professional License
- Y. State of Licensure (**required if License # is entered on template**) – Enter the State that issued the Professional License. *Use the abbreviation for the state. Example: Washington State should be entered as WA
- Z. License # start-date (**required if License # is entered on template**) – Enter the start-date of when the professional license was originally issued. *Format must be: mm/dd/yyyy
- AA. License # end-date (**required if License # is entered on template**) – Enter the expiration date of the professional license. *Format must be: mm/dd/yyyy
- AB. DEA # (if available) (**optional**) – The DEA number is the number assigned by the Drug Enforcement Agency. Enter the Servicing Provider’s DEA # (if available). Do not use spaces or special characters when entering the DEA #.
- AC. DEA # start-date (**optional, but required if DEA # is entered in column AB**) – Enter the start-date in which the DEA # was issued. *Format must be: mm/dd/yyyy
- AD. DEA # end-date (**optional, but required if DEA # is entered in column AB**) – Enter the end-date that the DEA # will expire. *Format must be: mm/dd/yyyy
- AE. Email Address (**optional**) – Enter a good Contact Email in case there are issues when verifying the Servicing Provider’s information

Now that your spreadsheet is complete, you will need to upload the Roster to ProviderOne. For help on uploading the Roster, please use the “Instructions for Roster File Upload and Reviewing Roster Errors.”

Before uploading the Roster, review the data entered in the spreadsheet for accuracy.

Enrollment Checklist Questions:

1. Had exclusion under Medicare, Medicaid, or any other federal health care program taken against them?
☐ Yes ☐ No
2. Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act?
More Info: http://www.socialsecurity.gov/OP_Home/ssact/title11/1128A.htm
☐ Yes ☐ No
3. Had a restriction or sanction imposed on their professional license, accreditation, or certification?
☐ Yes ☐ No
4. Had a program exclusion taken against them?
More info: <http://exclusions.oig.hhs.gov> and <https://www.sam.gov/>
☐ Yes ☐ No
5. Been convicted of any health related crimes as defined by Washington State Department of Health?
[RCW 18.130.180: http://apps.leg.wa.gov/rcw/default.aspx?cite=18.130](http://apps.leg.wa.gov/rcw/default.aspx?cite=18.130)
[WAC 246-16: http://apps.leg.wa.gov/wac/default.aspx?cite=246-16](http://apps.leg.wa.gov/wac/default.aspx?cite=246-16)
☐ Yes ☐ No
6. Been convicted of a criminal offense as described in Section 1128A (1), (2) or (3) of the Social Security Act? More Info: http://www.socialsecurity.gov/OP_Home/ssact/title11/1128A.htm
☐ Yes ☐ No
7. **Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person?** More info: [WAC 388-71-0540](http://apps.leg.wa.gov/WAC/default.aspx?cite=388)
<http://apps.leg.wa.gov/WAC/default.aspx?cite=388> and
[RCW 74.34, http://apps.leg.wa.gov/RCW/default.aspx?cite=74.34](http://apps.leg.wa.gov/RCW/default.aspx?cite=74.34)
☐ Yes ☐ No

If you are a Health Care Authority (HCA) provider with questions about the Roster,
Please send an email to providerenrollment@hca.wa.gov